Fredericksburg Parks & Recreation

## YOUTH SOCCER

Registration Opens: Tues., June 9<sup>th</sup> (City) Tues. June 16<sup>th</sup> (Non-City)

Those in 22401 & 22404 Zip Codes are considered City Residents; all others are considered Non-City Residents.

#### Sponsorship Information

Do you or your business want to get involved and help sponsor a team?

Sponsorship opportunities are available, and the deadline to sponsor a team is

Thursday, August 20th.

If you are interested or want more information, please contact the Front Desk at (540) 372-1086.

#### **Schedule:**

#### Practices begin August 17, 2015

Practices are twice per week. You may choose between Mondays/Wednesdays, or Tuesdays/Thursdays. (If possible, your practice night will be assigned according to this preference).

#### Games are scheduled August-October

Games will be played on Saturdays or weekdays. Teams play a regular season and playoff Tournament.

(Make-up or playoff games can be played on Sundays if needed.)



#### Locations:

All games and practices will be held at Dixon Park located off Route 2/ Dixon Street

### Parents and Coaches Information:

Meetings held at Dorothy Hart Community Center: Parents Meeting is Mon., Aug. 3<sup>rd</sup> at 6:00 p.m. Coaches Meeting is Thurs. Aug. 6<sup>th</sup> at 6:00 p.m.

#### Fees:

Fees: City Residents- \$25 (Zip code must be 22401)
Non-City Residents- \$50

Registration ends Thurs., July 16<sup>th</sup> \$10 Late-Fee after Thurs., July 16<sup>th</sup>

For more information, please call Justin Bullock at (540) 372-1086, ext. 224

### Volunteer to Coach! No experience is required, just a desire to have fun and help kids learn the fundamentals!

Name:		Child's	Child's Name:			Phone:(C)		
Age Divisions:	Tot (4-5 yrs)	Novice (6-7 yrs)		Junior (10-12 yrs)	Senior (13-16 yı	rs)		
E-mail:							_	
Practice Day Pre	eference: M	on. & Wed.	Tue. & Thurs.	Shirt Size: AS	AM	AL AXL		
I want to coach w	ith:		(List ONE person)	I want to be:	Head Coach	Assistant Coach	1	
							_	
		Backgrou	and Check A	uthorizati	on			
Print Name:								
	First)	(Mic	ddle)	(Last)			_	
Former Name	(s) and Date	s Used:					_	
Current Address Since:		(Mo/Yr)	(Street)	/0	ity)	/7in/Ctate	<u>~\</u>	
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		(IVIO/11)	(Gireer)	(0	ny)	(Zip/State	<i>-</i> )	
Social Security Number:					DOB:		_	
Telephone Nu	mber:							
Drivers Licens	e Number/S	tate:						
Fredericksburg a comprehensiv be generated for investigative con number; current	Parks, Recreter review of more employmer reportant and previous	reation, & Pub ny background nt and/or volun t may include, residences; ar	tion is correct to the lic Facilities and its consumer teer purposes. I under the but is not limited to and criminal history records, birth records, a	designated agent report and/or an derstand that the the following are cords from any cri	s and represer investigative of e scope of the as: verification minal justice a	ntatives to condu onsumer report consumer repo of social securi	to to ort/ rity	
verbal or writter further authorize	n, pertaining the the complete	to me, to <b>Fred</b> e release of an	firm, corporation, or lericksburg Parks, I y records or data per aclude information or second	Recreation, & P	ublic Facilitie	<b>s</b> or its agents. al, company, firr	ĺ	
maintain all info	rmation recei	ved from this a	ablic Facilities and authorization in a consider to, addresses, socional to the contract of th	fidential manner	in order to pro	tect the applican		
Signature: _					Date:		_	



# **Youth Soccer Registration Form**Fall 2015

Participation in this program adheres the undersigned to the conditions of the Liability Waiver and thereby waives Fredericksburg Parks, Recreation & Public Facilities and its Partners from all liability.

Novice (6–7 yrs)	Rookie (8–9 yrs)	Junior (10-12yrs) ☐	Senior (13-16 yrs)	Age: (as of 11	/1/15)				
Child's First Name		Child's Last 1	Name		Child's Gender				
Home Address					☐ Male ☐ Female				
L				<u> </u>	Practice				
Home Phone			ild's Date of Birth		Preference ☐ M/W ☐ T/Th				
L             Parent/Guardian Name					☐ No Pref.				
Parent/Guardian Work Phone					T-shirt Size				
Parent/Guardian E-Mail **Uso	ed for updates and not	ifications**			☐ YM ☐ YL				
Emergency Contact Name					AS AM AL				
Emergency Contact Number					☐ AXL				
Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, etc.  Does your child have any brothers/sisters playing? If so, what division are they in?									
ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of?  If yes, please list below:									
For Office Use Only				amount Received:					
D.O.B.:		Verified by:   New	BC List	Staff Initials:					
Age Waiver:		Fee Waiver:		Age Waiver:					